



3225 N Evergreen Drive NE Ste 202
Grand Rapids, MI 49525
Phone (877) 949-1313
Fax (877) 949-2270
teamLCS.com

LCS Job No.

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT INFORMATION

1. **EMPLOYEE NAME** _____ **SOCIAL SECURITY NUMBER** _____ **DATE OF BIRTH** _____

I, the undersigned, authorize the following specific entity or parent company to release any and all information requested by the accompanying subpoena or letter, to **LCS Record Retrieval (Legal Copy Services, Inc.)**

2. **Employer:** _____

A description of the information to be released:

Any and all employment records, including pay stubs, from date of hire to present.

3. I understand that unless I expressly direct otherwise:
a) the custodian will make the employment or other information reasonably available for inspection and copying, or,
b) the custodian will deliver to the requesting party the original information or a true exact copy of the original information accompanied by a signed copy of the provided certificate.

4. This authorization is valid for thirty-six months. A copy of this authorization shall be considered as effective as the original.

5. This authorization is signed to make employment or other information regarding me available to the other party(ies) to the lawsuit for their use in any stage of the lawsuit. The information covered by this release is relevant because my mental or physical condition is in controversy in the lawsuit.

6. I understand that by signing this authorization there is potential for information to be redisclosed by the recipient.

7. I understand that I may revoke this authorization, except to the extent action has already been taken in reliance upon this authorization, at any time by sending a written revocation to the records custodian.

DATE

SIGNATURE

ADDRESS

NAME (type or print) If signing as Personal Representative, please state under what authority you are acting.

CITY, STATE, ZIP